

2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 828190

Entity Name: DELAWARE LIFE INSURANCE COMPANY**Current Principal Place of Business:**1601 TRAPELO ROAD, SUITE 30
WALTHAM, MA 02451**Current Mailing Address:**1601 TRAPELO ROAD, SUITE 30
WALTHAM, MA 02451 US**FEI Number:** 04-2461439**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CHIEF FINANCIAL OFFICER
200 E. GAINES STREET
TALLAHASSEE, FL 32399-0000 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title SVP AND GENERAL COUNSEL AND
SECRETARY
Name BLOOM, MICHAEL S
Address 1601 TRAPELO ROAD, SUITE 30
City-State-Zip: WALTHAM MA 02451

Title DIRECTOR, CEO
Name SAMS, JR. , DAVID E
Address 1601 TRAPELO ROAD, SUITE 30
City-State-Zip: WALTHAM MA 02451

Title COO
Name PURVIS, JAMES D
Address 1601 TRAPELO ROAD, SUITE 30
City-State-Zip: WALTHAM MA 02451

Title SVP, HUMAN RESOURCES
Name WILCON, MICHELLE B
Address 1601 TRAPELO ROAD, SUITE 30
City-State-Zip: WALTHAM MA 02451

Title SVP AND CHIEF ACCOUNTING
OFFICER AND TREASURER
Name MORAN, MICHAEL K
Address 1601 TRAPELO ROAD, SUITE 30
City-State-Zip: WALTHAM MA 02451

Title DIRECTOR, PRESIDENT, AND CHIEF
RISK OFFICER
Name TOWRISS, DANIEL J
Address 1601 TRAPELO ROAD, SUITE 30
City-State-Zip: WALTHAM MA 02451

Title SVP, INFORMATION TECHNOLOGY
AND OPERATIONS
Name SABATINO, ROBERT
Address 1601 TRAPELO ROAD, SUITE 30
City-State-Zip: WALTHAM MA 02451

Title CHIEF INVESTMENT OFFICER
Name KENNEY, ANDREW F
Address 1601 TRAPELO ROAD, SUITE 30
City-State-Zip: WALTHAM MA 02451

Continues on page 2

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MICHAEL S. BLOOM**SECRETARY****01/06/2017**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name CULLEN, DENNIS A
Address 1601 TRAPELO ROAD, SUITE 30
City-State-Zip: WALTHAM MA 02451

Title EVP, CHIEF ACTUARY
Name DALL, KEITH A
Address 1601 TRAPELO ROAD, SUITE 30
City-State-Zip: WALTHAM MA 02451